

Data Sheet

USAID Mission:	Liberia
Program Title:	Improved Community Health
Pillar:	Global Health
Strategic Objective:	669-003
Proposed FY 2004 Obligation:	\$2,400,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$1,997,000 CSH
Year of Initial Obligation:	FY 2001
Year of Final Obligation:	FY 2007

Summary: USAID's Improved Community Health Program is aimed at improving quality, coverage, management and efficiency of health services delivery in targeted communities in Liberia by strengthening the role and capacity of community-based organizations and local non-governmental organizations. This will be done by: conducting awareness campaigns about prevalent diseases and appropriate community interventions; training health care professionals and community health workers, including Traditional Birth Attendants (TBAs), to improve the quality of service delivery; strengthening the organizational capacity of local organizations to design, implement, monitor and evaluate health and development activities; addressing key primary health care delivery policy issues; and supporting the role of health care delivery through civil society.

Inputs, Outputs, Activities:

FY 2004 Program:

Improve access, quality and demand for health services (\$2,400,000 CSH). USAID will support integrated primary health care in 40 rural clinics that serve an estimated total of 500,000 people, including 85,000 children under five years of age and 100,000 women of reproductive age, in 450 communities in Montserrado, Bong and Nimba Counties. Activities will begin in the catchment communities of the six accessible clinics in Montserrado and gradually extend to those of the 34 clinics in Bong and Nimba Counties as the security situation allows. The Mission's new five-year health program, Improved Community Health Project, which began on July 1, 2003, is being implemented through a consortium formed by Africare. Working with a selected group of national NGOs, the consortium will support 40 clinics in Montserrado, Bong and Nimba Counties.

The USAID program will improve maternal and child health services, improve reproductive health and reduce the transmission of STI/HIV/AIDS. USAID will reduce child mortality through expanded vaccination coverage and early diagnosis of critical childhood diseases, such as malaria, acute respiratory infection and diarrhea. This will be enhanced through early diagnosis and appropriate management of common childhood illnesses, along with community-based behavior change communication, to promote increased utilization of health services. Radio education for under-served populations will be another substantive USAID effort. STI/HIV/AIDS messages, as well as pertinent information on other prevalent health issues, will be incorporated into public service announcements. Community gardens will be developed to produce locally available weaning foods such as beans, peanuts and peas. This will promote appropriate child feeding practices and reduce the rate of malnutrition, especially in children less than five years of age.

Reproductive health services will focus on technical assistance, training, provision of family planning commodities, distribution of home-based delivery kits to Traditional Birth Attendants, infection prevention, as well as the appropriate management of sexually transmitted infections. The USAID program will continue to support efforts to reduce the transmission of STI/HIV/AIDS through the promotion of safe sexual practices.

The USAID program will support critical health reforms, including decentralization of primary health care decision making to the county health teams, and institutional strengthening of national NGOs in organizational development, accountability, transparency, program design, monitoring and evaluation.

Principal grantees: Africare (prime), Johns Hopkins University/Center for Communication Programs (sub), Morehouse School of Medicine (sub), Breastfeeding Advocacy Group (sub), Family Planning Association of Liberia (sub) and Medical Emergency Relief Cooperative International (sub).

FY 2005 Program:

Improve access, quality and demand for health services (\$1,997,000 CSH). USAID will further address critical health policy reforms, including decentralization of primary health care decision making to the county health teams; support the expansion and improve the quality of essential health services in targeted communities; and support the continuation of activities aimed at institutional strengthening of national NGOs in organizational development, accountability, transparency, program design, monitoring and evaluation. Same implementers as FY 2004.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Performance and Results: As a direct result of the prevailing insecurity in the country, this Special Objective did not meet its targets last year. Forty-eight percent of the estimated 12,115 children under one year of age in the project areas received their third dose of diphtheria-pertussis-tetanus immunization (DPT 3). This coverage was less than the goal of 75%. A total of 500 health education sessions were held for 55,113 community members. Twenty-two percent of the reported 4,000 deliveries were attended by trained medical personnel, while 78% were attended by traditional birth attendants. Increased use of traditional birth attendants is a direct result of training. Last year, USAID trained 746 community health workers, including traditional birth attendants. Training has improved the quality of services delivered by these community health workers. With USAID support to Liberia's polio eradication initiative, through the World Health Organization, the accessible counties reported a non-polio acute flaccid paralysis (AFP) rate of 0.5/100,000 population under 15 years of age, and 93% of all AFP cases detected and investigated had two stool specimens collected within 14 days of the onset of paralysis. There has not been a confirmed case of polio reported in the country since 1999, but Liberia has not maintained the global surveillance certification standards for polio eradication.

USAID/OFDA supported emergency humanitarian interventions that provided primary health care services to 544,000 internally displaced persons (IDPs); emergency nutrition for 8,200 IDPs; food distribution to 45,300 non-registered IDPs; and emergency water and sanitation services to 260,000 IDPs.

US Financing in Thousands of Dollars

Liberia

	CSH	DA	DFA
669-003 Improved Community Health			
Through September 30, 2002			
Obligations	5,965	1,931	1,245
Expenditures	4,952	1,331	1,245
Unliquidated	1,013	600	0
Fiscal Year 2003			
Obligations	2,719	0	0
Expenditures	750	577	0
Through September 30, 2003			
Obligations	8,684	1,931	1,245
Expenditures	5,702	1,908	1,245
Unliquidated	2,982	23	0
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2004 NOA			
Obligations	2,400	0	0
Total Planned Fiscal Year 2004			
Obligations	2,400	0	0
Proposed Fiscal Year 2005 NOA			
Obligations	1,997	0	0
Future Obligations	1,997	0	0
Est. Total Cost	15,078	1,931	1,245